Division of Health Care Facilities

TN9301 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF SPARTA SPARTA, TN 38583 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING							
LIFE CARE CENTER OF SPARTA 508 MOSE DRIVE SPARTA, TN 38583 (X4) ID PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 508 MOSE DRIVE SPARTA, TN 38583 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) COMPLETED TAG DEFICIENCY)	TN9301		B. WING		II		
SPARTA, TN 38583 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SPARTA, TN 38583 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLE DEFICIENCY) TAG DEFICIENCY) ONLY ONLY	LIFE CARE CENTER OF SPARTA						
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE DATE DEFICIENCY)	SPARTA, TN 38583						
N 000 Initial Comments N 000	PREFIX (EACH DEFICIENT	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD BE COMPLÉT CROSS-REFERENCED TO THE APPROPRIATE DATE		COMPLETE	
	N 000 Initial Comments		N 000				
During complaint investigation of #35121, 35259, 35588 and 36353, conducted 5/13/15 - 5/18/15, at Life Care Center of Sparta, no deficiencies were cited in relation to the complaints under 1200-8-6, Standards for Nursing Homes.	During complaint in 35588 and 36353, at Life Care Center were cited in relation	investigation of #35121, 35259, 3, conducted 5/13/15 - 5/18/15, er of Sparta, no deficiencies tion to the complaints under					

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE